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ABSTRACT

This paper asserts that the most common mistake that adults make when relating to children who are grieving is to assume that children think like adults. It presents an outline of children's perceptions of death for children between the ages of 1 and 3, and for 4-year-olds, 5-year-olds, 6-year-olds, 7-year-olds, 8-year-olds, and 10-year-olds. The outline and examples of children's perceptions of death at various ages are used to illustrate that children have a different approach to grieving than do adults. Several approaches are discussed which can help adults reach the child's perception of death and talk about death in a meaningful way. These include reaching preschool children in their perceptions through play therapy; anecdotal records including structuring, nurturing, challenging, and intruding functions; the Sentence Completion Test; and the Thematic Photograph Book; and for adolescents a model One Session Grief Counseling Group. The paper concludes with the hope that reaching the child's perception of death will lead to other creative strategies for assisting children who must deal with death. (NB)

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REACHING THE CHILD'S PERCEPTION OF DEATH

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REACHING THE CHILD'S PERCEPTION OF DEATH

The most common mistake that adults make when relating to children who are grieving is to assume that children think like adults. Grieving adults frequently project their own fears and perceptions of death onto the children with whom they are dealing with in the family system. The cost of this projection process is that that these children miss an opportunity to learn to face loss in a manner appropriate to their developmental age and the adults miss an opportunity to have a look into the fascinating and creative minds of children.

Much has been written on how children view death (Gesell,1941; Wolfelt, 1983). Based on these writings, the following guidelines are given regarding children:

Children's Perceptions of Death

1-3 Years:	Very little or no understanding of the idea of death.
4 Years:	Very limited concept of death Uses the work with some vague notion of its meaning. No particular emotion related, though may verbalize a rudimentary notion that death is connected with sorrow or sadness.
5 Years:	Concept becoming more detailed, accurate and factual. May still think of death as reversible Bodily actions may come in that are associated with death; child avoids dead things or may enjoy killing bugs, etc.
6 Years:	New avareness of death. Beginning of an emotional response to the idea of death. Worries that the mother will leave the child Idea of death as result of aggression or killing Some preoccupation with graves/funerals, burial Does not believe that she or he will die.
7 Years:	Similar to six years, but more detailed and realistic with a better understanding. Child has an interest in the causes of death, old age, violence, and disease. The child expresses an interest in visiting cemeteries. There may be a complaint such as "I wish I was dead!" The child gets the notion that he or she may die but denies that he or she will die.

8 Years: Progresses from an interest in graves and funerals to interest in what happens after death.
Feels that he or she understands the concept of death better.
Still retains some magical thinking regarding death.

10 Years: Reference now made to logical or biological essentials.
"Not living is when you have no pulse and no temperature and can't breathe".
Now looks straight at death, not just at the peripherals such as coffins, graves, etc.
Accepts quite realistically the fact that when he or she is old, that he or she will die.(Adapted from Gesell, 1941; Wolfelt, 1983).

It seems clear that some common elements of grieving are usually found in children of any given age, although each child grieves in his or her own unique way. In general terms, child, age 5 years and younger, think that death is not final. For them, separation and death are the same things. In their view, the dead can still eat and talk; they just do it underground, in heaven, or somewhere else on earth. For example, when David's father died when he was 4, David began to bury food in his sandbox. When his mother asked David why he was wasting food? David replied that it was for his father to eat.

The most frightening idea for children of this age is that their mothers will die. The fear of abandonment runs deeply in these children (Bowlby, 1969). When children hear about anyone's death, their fear and concern focuses on the idea of their mother dying and leaving them. Children play games such as 'peek-a-boo' and 'hide and seek' to work out fears of separation and death.

Children, ages 6 to 9, understand that death is final but it is personified as 'a bogeyman','skelton' or some other fearsome creature. Stories of devils may frighten children for years. They may have vague ideas about the soul living on after death. For example, when Frank's father died when he was 8, Frank became convinced that his father's soul had moved into a rabit that lived in their yard. Frank became obsessed with the care of that rabbit and could not sleep on cold nights for fear that the rabbit would freeze.

Karen, who is 7, illustrates how the concept of the soul can be confusing to a child. She was convinced that her grandmother had moved into her closet after her death. When Karen's mother

asked her where Grandma lived in her closet, Karen explained that Grandmas now lived on in the bottom of her best pair of shoes. Karen had apparently confused the terms 'soul' and 'sole'. Many children at the age of 7 are interested in cemeteries, gravestones and the burial process.

Children, ages 10 and up, have a fairly good understanding of death. They are beginning to see cycles in nature and in life. They also begin to consider the idea that they may die. However, children older than 10 often question the social customs and rituals surrounding death. For example, when Mary's mother died when she was 11, she thought it was stupid to buy a new dress for her mother's burial because,"it will just rot".

So, given that children have a different approach to grieving that adults, it behooves adults to develop ways of talking to children about death in a meaningful way. In other words, we need to know how to reach their perception of death. The following are several approaches for accomplishing this task. This includes Sentence Completion Test, Thematic Photographic Book, and Structuring, Nurturing, Challenging and Intruding in Play Therapy.

The Sentence Completion Test can be helpful in getting a better grasp of the child's perception of death:-

CHILDREN'S PERCPETION OF DEATH
SENTENCE COMPLETION TEST (Ryan/Giblin, 1988)

1. The most frustrating part of this death to me is _____ _____.

2. One way I have changed since the death is _____.

3. I don't understand _____.

4. I miss the most _____.

5. I take responsibility for _____.

6. I would like _____ to _____ _____.
(remaining parent/s)

7. I like the way I have _____.

8. One thing that has changed for the better is _____.

9. If I could change one thing about myself now, it would be _____.

10. My friends feel _____about our family situation.

11. One thing that I'm not doing now that I would like to do is _____.

12. One thing that I really appreciated about the one I miss is _____.

13. My pet, since the death, misses _____.

14. My picture of the one I miss is_____ _____.

THEMATIC PHOTOGRAPHIC BOOK (Ryan/Giblin, 1988)

Based on the work of Viorst (1987) and Pollack (1977), the Thematic Photographic book would be based on the assumption that the child can label loss as she or he remembers all the previous losses that the child has experienced before this experience of death. Such a book can include pictures of loss in nature, in relationships, of loneliness and anxiety in other life experiences and how the death-loss triggers the memory of previous losses.

Examples are given and the child is asked to tell a story about these pictures. The therapist records basic themes and patterns that the child relates as he or she tells one's stories about the pictures. These pictures can include pictures of nature such as autumn leaves, animals, aging persons, rituals for funerals, mothers, fathers, siblings, sick persons and personal examples known to the life of the child by the therapist.

NURTURING, INTRUDING STRUCTURING, CHALLENGING

Theraplay (Jerenberg, 1979), originally the method of Austin Des Lauriers is particularly helpful in understanding children's needs who are experiencing loss in the four functions of nurturing, intruding, structuring, challenging from significant adults. The following activities are found in these functions:

Nurturing: - Cuddling Catering, Pampering, Holding, Teasing, Enjoying warm moments, Fun, Surprise.

Intruding:- Stimulated, Excited, Aroused, Delighted, Gazed at intensely, invigorating moments.

Structuring: - To understand one's own confines and the boundaries of the world around them and to know normal boundaries as contradistinctive to diffuse and rigid boundaries.

Challenging: - Stimulation, Arousal, a spirit of competition.

There are two ways that this method can be used. One way is to use the six stages of Theraplay in interaction with the mother, child, and therapist and then to give feedback through videotaping the sessions and replaying them with the mother and therapist. These six stages are:-" 1) Introduction, 2) Exploration, 3) Tentative acceptance, 4) Negative reaction, 5) Growing and Trusting, and 6) Termination with preparation, announcement, and parting of the relationship" (Jerenberg, 1979, p.36). Theraplay is meant to be more action-oriented rather than talk and insight-oriented; it is fun but it is clearly defined as to time, space, and parent-therapist roles. The other way is to use these four functions as an Anecdotal Record to determine the needs of the child such as the following:

ANECDOTAL RECORD

Nurturing Intruding Structuring Challenging

Problem/
Personal Issue:

Intervention:

Outcome:

In the Anecdotal record, the therapist determines the

problem or personal issue of the child, then the outcome or what the therapist wants from the child and with the use of the four functions of nurturing, intruding, structuring, or challenging, what intervention the therapist will use.

GRIEF PROCESS GROUP-ADOLESCENTS

It has been our experience that a support group consisting of other adolescents is the most effective means of treating grieving teen-agers. The following is a proposed model for a one session crisis intervention with grieving adolescents. The session could last from one to two hours depending on the group members and the ability of the leader to establish rapport.

Grief Group - One Session Model

A. Composition of Group

1. All adolescents suffering from the same loss (ex.-death of a student in the class).
2. Group limited to one type of loss (ex.- divorce).
3. Each adolescent group member has his or her own loss.

B. Steps in the Process

1. Learn the Names
2. Discuss the Loss (ask everyone)

    a) What was a loss in your life?
    b) How did the loss happen?
    c) How did you find out about the loss?
    d) What do you miss?
    e) What don't you miss? (ex. anger)
    f) If you could do it over, would you change anything? (ex. examining feelings of guilt)

3. Intervention - Activity
4. Closure - Extinction

Group membership may be determined in various ways. Sometimes all of the children in the group are suffering from the same loss. For example, an 8th grade child was shot to death on the lawn of his home. A loss group was formed which consisted of children from his classroom who needed to talk about their deceased classmate. Other times, the children in the group may have suffered the same type of loss, but their losses have occurred at different times and in diverse manners. A group of children whose parents have been divorced would be such a group. In this case, the children would share an experience. A third way to compose a grief group is to put children who have had a

loss together despite the type of loss that they have experienced. For example, at one school, a child had died and a few of his classmates were assembled for grief work: however, the counselor chose to add to other children who had recently lost a parent.

Once the membership of the group has been determined and the group has been assembled, the process is fairly straightforward. The leader puts forth questions such as the ones listed in the outline. Each child is asked to respond to every question thus giving the more quiet children a chance to express themselves and giving all the children opportunity to hear the experiences of the others.

The questions should begin with the telling of the story of the loss. Most children are anxious to talk about the loss experience and rapport within the group and the therapist will rapidly develop. Then, the group leader can move into the questions that the children may be more reticent to discuss such as, "What don't you miss about the person?" This question is asked to facilitate the expression of anger. Another difficult question is, "If you could do it over, would you change anything?" In this question, the targeted emotion is guilt.

The next step in this group process is an intervention or activity. Interventions are limited only by the scope of the creativity of the therapist and the group members. Writing letters to the deceased is a very effective way for the children to say "good-bye" to their loved one. The group can then decide what to do with the letters. Frequently, they will put these letters where they feel physically closest to the deceased. For example, one group chose to take their letters to the lake and burn them there because their friend loved to go to the beach. Other interventions might include drawing pictures which express feelings, having a memorial ceremony, doing a project in honor of the deceased, or listening to the favorite music of the deceased. The goals of these activities are focused on the idea that the feelings involved in grieving need to be shared and for teens the most comfortable place to share those feelings is with their peers.

After the intervention has been completed, the leader should summarize what has happened within the group. As in all grief counseling, the group should not part until all the group members have been able to experience an emotional release or catharsis.

In other words, emotions should not be left raw. A feeling of closure should exist within the group. Unfortunately, when this

of closure will occur cannot be exactly determined, so these groups do not always fit into the schedules of schools where everything occurs within set time frames. For example, at one school where we led a group, the principal did not understand after a set time, that time boundaries at the onset of the session helps, but still, the time frame must remain somewhat flexible.

CONCLUSION

In conclusion, this paper has shown the developmental characteristics applied to children's perceptions of death; various ways of reaching preschool children in their perceptions through play therapy, anecdotal records including structuring, nurturing, challenging and intruding functions, Sentence Completion Test (Ryan/Giblin, 1988), and Thematic Photograph Book; and for adolescents a model One Session Grief Counseling Group for them. It is hoped that the value of reaching the child's perception of death will bring about other creative strategies in assisting children deal with loss.

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